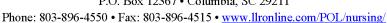




South Carolina Board of Nursing

P.O. Box 12367 • Columbia, SC 29211





SOUTH CAROLINA APPLICATION FOR REPEAT EXAMINATION

South Carolina is a member of the Nurse Licensure Compact. You are not eligible for licensure in South Carolina if your primary state of residence is another Compact State. Please visit www.ncsbn.org for more information or for a current list of Compact States. Personal information provided in this application may be subject to public scrutiny or release under the SC Freedom of Information Act or other provisions of federal and state law. Please print, complete the application in ink and return with the correct fee of \$65.00 for RN and \$45.00 for LPN/ LPN by Equivalency to the South Carolina Board of Nursing. Answer all questions. This initial application is valid for one year. There is an application fee each time you retake the exam. A candidate who has not obtained licensure within one year must complete a new initial application. Application fees are non-refundable.

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	☐Orienta	l/Asian □O	ther			
Single	☐Married ☐V	Vidowed Div	orced			
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imary state o	f residence is:		I plan to prima	arily practice in the	e state	
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	tical purposes Single Is Male Primary State imary state of cary or federal ary or federal wer taken the ate in which y e: wer taken the ate in which y	tical purposes only)	Street/PO Box : Street (physical address required) Email Address Date of Birth: tical purposes only)	Street/PO Box City Street (physical address required) City Email Address: Date of Birth: tical purposes only) American Indian African American Oriental/Asian Other Single Married Widowed Divorced Widowed Divorced *Social Security # Primary State of Residence: (where I hold a driver's license, pay imary state of residence is: I plan to primary or federal government, I am currently licensed in ary or federal government. Wer taken the National Council licensure examination? ate in which you took the exam. e: ver taken the RN/LPN State Board Test Pool examination? ate in which you took the exam.	Street/PO Box City Street (physical address required) City Email Address:	Street/PO Box City State Street (physical address required) City State

3.	Have you ever been licensed in South Carolina or any other state as an RN/LPN? If yes, State License Number	□Yes	No □						
4.	4. Have you ever been convicted, pled guilty, or pled nolo contendere for violation of any federal, state, or local law, or do you have charges pending (other than minor traffic violation)? If yes, explain fully in a letter and attach, also contact the board for further requirements.								
5.	Has any board of nursing taken any action against your license in this or any state? If yes, explain fully in a letter and attach.	□Yes	No □						
6.	Have you had any professional license disciplined in this or any state? If yes, explain fully in a letter and attach.	□Yes	No □						
7.	Have you ever been denied licensure as a health professional (RN, LPN, other) in any state? If yes, explain fully in a letter and attach.	□Yes	No □						
8.	8. Have you been counseled or disciplined while in the nursing education program due to problems with a chemical (drugs/alcohol), mental or physical impairment? If yes, explain fully in a letter and attach.								
9.	Are you requesting accommodations for this exam? If so, please attach a letter of explanation, letter of diagnosis from your physician, and a letter from your nursing education program director stating what accommodations they provided you with.	□Yes	No □						
Νι	ursing education program from which you graduated								
School (Name/City/State) D									
••	AFFIDAVIT								
I, _	, hereby swear/affirm th	nat the stateme	ents						
made in this application are true and that the documents submitted are in their true form to the best of my knowledge.									
	Signature of Applicant (do not print) Date								
DI	D YOU REMEMBER TO:								
 Complete and answer all questions. Sign, date and have your application notarized. Enclose fee of \$65.00 for RN License examination or \$45.00 for LPN license examination. (Money order, cashier's check or personal check made payable to LLR-Board of Nursing. No credit or debit cards accepted). Register with Pearson Vue to take the NCLEX. Copy of legal document that authorize a change in name if name changed since original application to Board. Check the status of your application online at www.llr.state.sc.us/pol/nursing. Allow 10-12 business days for processing after receipt of your application to the Board's office. 									

^{*} The Social Security Number (SSN) is not subject to disclosure as public information. The disclosure of the SSN for identification purposes is authorized and mandated by federal statutes requiring state board to report to the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner (NPDN), among other things.